Address Change Re Please provide informa (Please theck: Address	tion below if the address	s information on the front is incorrect.					
New Mailing Addre	ess						
Name (First)	(MI)	(Last)					
Street Address	•	1					
City	State	Zip Code	( , , , , , , , , , , , , , , , , , , ,				
(Area Code) Phone	Number		4				

## Terms and Conditions

## General

Payment Policy: For proper crediting, payments must be received by the due date. Payments received after billing period will appear on the next invoice.

Payment by Mall: To ensure proper credit to your account, return the upper portion of this bill in the enclosed return envelope with a check or money order to the address on the front of this invoice. To ensure proper credit, write your account number on the check or

money order. DO NOT SEND CASH IN THE MAIL.

**Payment by Credit:** Credit card payments can be made by calling a Customer Service Professional at

the number listed on the front of this invoice or, for direct remit payments, by visiting our website at https://www.correctionsgtl.com. Only the account holder is permitted to make payments using his/her credit card. Please allow twenty-four (24) hours for

the posting of credit card payments.

Late Payment Your payment must be received by the "DUE DATE" in order for such payment to Penalty: reflect on your next month's invoice. If we do not receive payment for the local and/or long distance charges by the "DUE DATE," your account will become past

due, and your service may be suspended.

**Dishonored** A service fee will be added to your account for any dishonored checks. When you Check Policy: receive notice of a dishonored check, you must pay the amount of the dishonored check fee along with any delinquent amount.

**Disconnect for** If your account has a past due balance at the close of billing period, your services

Non-payment: may be suspended without notice.

Account Inquiries: If you need additional information about your account, please contact a Customer

Service Professional at the number on the front of this invoice. Business hours are 7:00 am to midnight Eastern Time, Monday through Friday. You can also view the status of your direct remit account on our website at https://www.correctionsgtl.com.

Please direct all written inquiries to P.O. BOX 2827 Mobile, AL 36652-2827.

Billing Disputes: If you believe there is a billing discrepancy or error on your invoice, please contact

a Customer Service Professional at the number on the front of this invoice.

Business hours are 7:00 am to midnight Eastern Time, Monday through Friday.

fermination Policy: Service will be provided on a month-to-month basis and will automatically renew

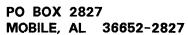
unless otherwise terminated by either party on thirty (30) days prior notice or as

otherwise provided in the Terms and Conditions.

Invoice Copies: A service fee will be added to your account for any invoices that are re-issued at

your request.







ACCOUNT NUMBER:6351-0000011854 INVOICE NUMBER:178966-6351 BILLING PERIOD:05/26/12-06/25/12

PAGE:

LONG DISTANCE SERVICES DOMESTIC INTERSTATE		\$	11.00	
TAXES Federal Taxes		1.96		
State and Local Taxes	*15_	.9 <u>1</u>		
TOTAL TAXES			2.87	
TOTAL LONG DISTANCE SERVICES			\$	13.87
PREVIOUS BALANCE TOTAL PAYMENTS/ADJUSTMENTS TOTAL CURRENT CHARGES		and a large		12.37- .00 13.87
TOTAL AMOUNT DUE		er etc	<u></u>	1.50
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